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ABSTRACT

This report is the reply to instructions to develop an outline of a curriculum for Nursing Refresher programs in British Columbia, to collate available instructor and student resource materials and correlate them with the objectives, and to identify gaps in resource materials. Chapter I is an introduction. Chapter II presents an overview of the design of the program with an accompanying description of why it was developed in this particular way and where and how it can be implemented. In chapter III the instructional objectives for the program are presented in the following format: program purpose; curriculum objectives; content, cognitive, affective, and psychomotor objectives related to each program objective arranged hierarchically in four levels; and a sample of the instructional process (outline of an initial learning exercise). Resource material is discussed in chapter IV. Chapter V identifies some of the issues and concerns related to the delivery of nursing refresher programs; some solutions are proposed under the relevant headings. A statement of philosophy, including a model for nursing practice and a glossary, and a list of references are appended. (YLB)

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CURRICULUM GUIDELINES

FOR

REGISTERED NURSE REFRESHER PROGRAMS

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Refresher Program Articulation Group.

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CHAPTER I: INTRODUCTION TO THE REPORT

This report embodies the reply to the following instructions:

a) Develop an outline of a provincial curriculum by listing the instructional objectives to be considered common for all Nursing Refresher Programs in British Columbia.

b) Collate available instructor and student resource materials for the Nursing Refresher Program.

c) Correlate the available instructor and student resource materials with the objectives listed in (a) above.

d) Identify gaps in resource material as related to the competencies required for the Nursing Refresher Program.

e) Identify issues, report on concerns and propose solutions to problems involved in the delivering of Nursing Refresher Programs.

Nursing as a discipline has, over the years, established a particular method of curriculum development as being most suitable for the education of its professional practitioners. The process directs that the instructional objectives be derived from the philosophy, characteristics of the graduates, the conceptual framework, and the horizontal and vertical strands. This program has been designed following this procedure. By following the curriculum development process promoted in the literature by nursing educators, content can be derived in an orderly fashion and objectives devised which are integrated and

internally consistent. This in turn should result in more efficient learning for the student. The process recognizes the relationship incorporating knowledge, organization of learning experiences, and nursing practice.

The dictionary definition of a refresher course is "*designating something that re-acquaints one with the material of subjects previously studied and somewhat forgotten*".[1] In actual fact, the program which is being proposed is a combination of such a course and a continuing education course. This is necessary for several reasons. Prior to the movement of Nursing Education Programs into the mainstream of education, the quality of educational offerings varied considerably from institution to institution. Some programs attempted to provide a broad base of theory from which nursing practice was derived, while others concentrated on a more apprenticeship-type training of practitioners. This discrepancy in basic education is reflected in the knowledge and skill base of the refresher course candidate.

Perhaps the most important reason for considering a refresher course as a continuing education offering are the changes which have occurred within the profession of nursing itself. Prior to 1970, nursing activities in many institutions were very much dominated by the medical profession. Since that time the nursing process, as a systematic way of carrying out nursing practice, has been articulated.[2] Nursing has conducted research in clinical practice and distinct theories of nursing are emerging in the literature.[3] These factors have changed the scope of nursing, increased the practice responsibilities, and altered the criteria for decision-making in nursing. Many of the refresher course candidates lack familiarity with the nursing process and the

majority have not practiced within the framework of a nursing model. Consequently, a course designed to assist refresher course candidates to be employable practitioners must address this issue of professional absolescence by including a continuing education component.

The remainder of the report is organized into four chapters. Chapter II consists of an overview of the program with an accompanying description of why it was developed in this particular way, where, and how it can be implemented. Chapter III gives the detail of the instructional objectives with a sample of how the actual instructional process could be carried out. Resource material is discussed in Chapter IV. Chapter V contains identification of some of the issues related to delivering of the Nursing Refresher Programs and proposed solutions.

CHAPTER II: OVERVIEW OF THE DESIGN

Introduction:

This section will present an overview of the design of the program organized under the following headings:

A) What the Program Looks Like

B) Rationales Underlying Program Design

C) Where the Program Can Be Implemented

D) How the Program Can Be Implemented

CHAPTER II: OVERVIEW OF THE DESIGN (Continued)

A. What The Program Looks Like

This Nursing Refresher Program has been developed on a modular basis. The objectives are presented in four hierarchically-arranged levels. Objectives from the cognitive, affective, and psychomotor domains are included in each level.

Level 1 is seen as being prerequisite to the actual Refresher Course. Levels II and III concentrate on providing students with an opportunity to acquire the cognitive and psychomotor skills seen as being essential to nursing practice. Level IV is designed as a consolidation and practice time in which students can integrate skills they have acquired. This corresponds conceptually to the preceptorship which is currently a part of many programs.

The model for nursing on which the program is based and which is reflected in the wording of some of the objectives is derived from Orem's self-care theory.[4] A program wishing to use these objectives with another model could do so by first clearly defining that model, then rewording the appropriate objectives to incorporate concepts from the model selected.

B. Rationales Underlying Program Design

1) Time Constraints in Presentation of a Refresher Course. One goal in the design of this course was meeting the following criteria:

   a) Can be completed in one semester of the educational year or its equivalent.

   b) Contains a reasonable amount of content.

   c) Provides a broad base of experience for professional practice.

This goal can be achieved by requiring the candidate to present with a specified level and uniformity regarding knowledge pre-requisites. These are outlined in Level I. The candidate may meet this requirement through life experience, independent study, or formal preparation. The majority of the program time would be spent accomplishing the objectives for Levels II and III. If the hierarchical arrangement of objectives is valid, the transition to practice in a service setting which is the final step in Level IV should be a smooth one. It should be possible to accomplish Level IV in one to two weeks.

2) Using an Androgogical as opposed to a Pedagogical model in the education process.

The design of this program has been based on the premise that process is as important if not more important than content when the target population is composed of adult learners. Emphasis is placed on acquiring learning skills related to assuming responsibility for the practice of nursing in a professional manner. Objectives in Level 1 indicate the knowledge base required to begin the program. Objectives in Level II and III are written in such a way as to help the student develop some expertise in assessing their own knowledge and skill base with regard to the practice of nursing and to use available resources to upgrade their

level of knowledge and practice. Level IV provides an opportunity for students to establish to the satisfaction of themselves and others that they can integrate the knowledge and skills acquired at the previous levels.

3) The desire to use a nursing model to guide curriculum development and give direction to nursing practice.

The definition of nursing models which can guide nursing education and practice is a relatively recent occurrence in nursing. As indicated in the introduction to this report, the nursing process began to be defined in in 1960's and nursing models made their way into the literature during the 1970's. However, the influence of the medical model is still very strong and is reflected in such terms as medical-surgical nursing, standard nursing care plans for patients having a cholecystectomy, nursing care of patients with metabolic disorders, and so on. It is recognized that the role models with which the refresher course nurses will be working most likely will not be practicing nursing within the framework of a clearly defined nursing model. However, one of the goals of this program is to address professional obsolescence. Current teaching in professional nursing programs relates the practice of nursing to nursing models, and this program must also do so if it is to produce nurses whose skills are at least comparable to beginning level practitioners.

The objectives have been designed to help nurses acquire theoretical knowledge about a specific conceptual framework for nursing and then to use that framework to guide all the decisions they make about the practice of nursing. This process will be repeated many times during the course. In Level II, the student will concentrate on identifying the patient's requirements for nursing and acquiring the knowledge and skill needed to meet those requirements. In Level III, the nurse will, building on the knowledge and skill acquired in Level II, design, implement, and evaluate a plan of action. This hierarchical ordering of the knowledge and skills required in the nursing process is different than many of the current programs in which the nursing process is taught as a whole and then the principle of simple to complex is addressed through the complexity of the patient's diagnosis. The objectives have been arranged on the premise that the cognitive and psychomotor skills related to the process of assessment and planning are considered on the whole to be less complex than those related to planning and implementation.

4) Refreshing nurses for nursing rather than for a specific clinical setting.

As stated, the objectives in the program are process oriented rather than content oriented. The focus of the program is therefore

refreshing nurses for the practice of nursing, not necessarily refreshing them to practice in any particular clinical setting. Nurses wishing to specialize in particular clinical content may do so by selecting appropriate application and practice experiences.

5) Flexibility in delivery time.

Time periods have not been assigned to each level. Objectives have been specified in the hierarchical levels to allow institutions implementing them to incorporate as much flexibility as possible into individual student programs.

C. Where the Program Can Be Implemented

This program can be implemented wherever there is access to a population requiring nursing. In situations where a suitable population does not exist, there must be access to well-designed simulations and carefully selected audio-visual materials.

The program has been designed to refresh nurses in the practice of nursing generally. If the institution implementing the program wishes to focus on the practice of nursing in a particular clinical setting, as has been indicated previously, this can be done by selecting clinical experiences specific to that setting, hence the program can be equally applicable in acute care, extended care, or community, and with a variety of age groups.

D. How The Program Can Be Implemented

Specific delivery methods have not been stated. It is anticipated the program could be presented in a variety of ways - a formal classroom setting, through independent study, through audio-visual means and so on. However, some form of turorial, conferencing, or other means of providing regular feedback to the student is essential.

All instructional personnel must subscribe to the model for nursing which is chosen as the basis for the program. Although it is recognized that there is as yet no single model for nursing, the time period available for the course and the level of tne student do not allow for the opportunity to learn about more than one model or to compare models.[5] This activity would have to be pursued in a subsequent continuing education program.

Deliberate, thoughtful selection of clinical experiences or use of simulations and other audio-visual materials is integral to the success of the program. Learning experiences must be selected which will ensure exposure to a broad range of clinical content.

Mechanisms for evaluation of performance at each level consistent with the stated philosophy and objectives would have to be devised. The sample of the instructional process in the next section includes one suggestion for evaluation.

CHAPTER III: THE PROGRAM

Introduction:

The instructional objectives for the program are presented in the following format.

Purpose

Curriculum Objectives

Content of Practice

Content, cognitive, affective, and psychomotor objectives related to each program objective arranged hierarchically in four levels.

Sample of Instructional Process

The Statement of Philosophy and Conceptual Framework used as a basis for the development of the instructional objectives are in Appendix A.

Purpose:

The overall purpose of the Registered Nurse Refresher Program is to prepare nurse practitioners who will:

1) Assist individuals and their families to maintain or regain health in settings that provide primary, secondary, and tertiary care.

2) Accept the advocacy role in relation to clients.

3) Be accountable for their own nursing practice.

4) Accept responsibility for the provision of nursing care through others.

5) Develop methods of working collaboratively with other health professionals.

Students expected to be taking this course are nurses who are graduates of approved schools of nursing who have been away from active nursing practice for five years or more.

Curriculum Objectives:

1) Applies knowledge from the sciences, humanities, and nursing in the practice of nursing.

2) Uses a systematic process in nursing practice.

3) Interacts effectively with clients (patients and their families).

4) Demonstrates ability to give and support effective leadership in promoting and maintaining the health of people.

5) Demonstrates individual responsibility and accountability for nursing practice.

6) Utilizes organizational skills in managing total nursing care.

7) Demonstrates ability to work cooperatively within the health team in the provision of care.

INSTRUCTIONAL OBJECTIVES

PROGRAM OBJECTIVE	LEVEL I	LEVEL II	LEVEL III	LEVEL IV
Context of Practice	Students will prepare independently in the setting of their choice to resume nursing practice. Tutorials will be available.	Students will practice in the classroom or clinical setting with frequent opportunity for discussion and clarification. Students will be responsible for determining the requirements for nursing, planning the nursing care, identifying and acquiring the knowledge and skills required to implement the plan of care.	Students will practice in the clinical setting with frequent opportunity for discussion and clarification, designing and implementing systems of nursing care for selected individuals.	Students will practice in the clinical situation with supervision assuming a workload comparable to that of a registered nurse.
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CONTENT - COMMUNICATIONS

Communications in Nursing

- Selecting a communications model
- Components of communication model
- Use of communication model
- Integrating communication model into nursing process

INSTRUCTIONAL OBJECTIVES

PROGRAM OBJECTIVE	LEVEL I	LEVEL II	LEVEL III	LEVEL IV
1) Interacts effectively with clients (patients and their families)	**Cognitive** Recognizes perceptions and values of self in interaction with family and associates. Researches communications theory. **Affective** Reads selected articles on communication and interaction. **Psychomotor** 1) Reproduces suggested effective communication techniques in interactions with individuals.	**Cognitive** 1) Analyzes perceptions and values of self in interaction with patients. 2) Describes concepts basic to communications model. **Affective** 1) Discusses role of one's value system as a force in communication. 2) Supports patients' value system. **Psychomotor** 1) Demonstrates use of communications model in interaction with patients and colleagues.	**Cognitive** 1) Analyzes perceptions and values of self in interaction with colleagues. 2) Critiques application of principles of communication theory in assessing requirement for nursing. **Affective** 1) From understanding of one's own value system readings and discussions synthesize an approach to patients which is consistent with a helping relationship. **Psychomotor** 1) Monitors interaction with individuals and adapts communication technique as required.	**Cognitive** 1) Validate alternative strategies in interactions with patients and colleagues. **Affective** 1) Consistently maintains a helping relationship in interaction with patients and colleagues. **Psychomotor** 1) Analyzes interaction with individuals. 2) Tests new approaches to establishing, maintaining, and terminating helping relationships.

CONTENT - THEORY OF NURSING

Historic changes in conceptual thinking in nursing

Concept of Self-care System

a) Self-care agency
b) Self-care demand

Concept of Therapeutic Self-care Demand

a) Universal self-care requisites
b) Developmental requisites
c) Health deviation requisites

Concept of Self-care Deficit

Concept of Nursing Agency

Nursing Systems

Conceptual Framework for Nursing

Characteristics of Systems

Relationship of Problem-solving Process and Nursing Process

Phases of the Nursing Process

a) Diagnosis and prescription
b) Designing and planning
c) Producing care to regulate therapeutic self-care demand and self-care agency

CONTENT - THEORY OF NURSING (continued)

Knowledge Required for Diagnosis and Prescription

Skills Required for Diagnosis and Prescription

Knowledge Required for Designing and Planning

Skills Required for Designing and Planning

Knowledge Required to Produce Nursing Care

Skills Required in Production of Nursing Care

Specific Nursing Diagnosis as Developed by National Conferences for Nursing Diagnosis

Concept of Change as it Relates to Nursing Systems

INSTRUCTIONAL OBJECTIVES

PROGRAM OBJECTIVE	LEVEL I	LEVEL II	LEVEL III	LEVEL IV
	Cognitive	Cognitive	Cognitive	Cognitive
2) Applies knowledge from physical and behavioral sciences and nursing in the practice of nursing. 3) Uses a systematic process in nursing practice.	1) Describes in own words the following body processes and ways in which processes are modified by age. a) Circulation of body fluids. b) Maintenance of fluid and electrolyte balance. c) Sensory and motor responses. d) Respiration. e) Digestion. f) Metabolism. g) Immune response. h) Reproduction. i) Stress response. 2) Explains ways in which drugs are used to alter body processes. 3) Identifies theories which are helpful to nurses in understanding psychological changes which occur throughout the lifespan. 4) Identifies current theories about families which can give direction to nursing practice. 5) Prepares information about basic behavioral concepts which will be useful to own nursing practice.	1) Describes concepts basic to conceptual framework for nursing. 2) Defines phases of the nursing process. 3) Determines knowledge and skills necessary to assess patient's requirement for nursing. 4) Applies knowledge from physical and behavioral science to interpret data to determine requirement for nursing. 5) Identifies concepts from physical and behavioural sciences and nursing theory which will form theoretical basis for nursing interventions. 6) Researches concepts in a systematic way identifying data applicable to nursing intervention.	1) Identifies theoretical basis for nursing interventions. 2) Designs system of nursing care for selected patients based on theoretical formulations. 3) Establishes criteria for evaluating effectiveness of nursing system. 4) Modifies design of nursing system based on evaluation of outcomes.	1) Develops a plan for implementing nursing system for a group of patients. 2) Evaluates effectiveness of plan. 3) Modifies plan as required.

INSTRUCTIONAL OBJECTIVES

PROGRAM OBJECTIVE	LEVEL I	LEVEL II	LEVEL III	LEVEL IV
2) Applies knowledge from physical and behavioral sciences and nursing in the practice of nursing. 3) Uses a systematic process in nursing practice.	**Affective** 1) Recognizes value of theoretical knowledge to nursing practice. 2) Controls variables in lifestyle which have potential to interfere with studying. 3) Completes assignments within specified time frame. **Psychomotor** Demonstrates specified nursing skills in a laboratory setting.	**Affective** 1) Demonstrates preference for use of conceptual framework to guide data gathering and for decision making in Nursing. **Psychomotor** Demonstrates acquisition of nursing skills required by clinical situation. Demonstrates skill in performing physical assessments. Demonstrates skill in interacting with patient to obtain data to make nursing diagnosis.	**Affective** 1) Endorses use of conceptual framework in implementing decisions in nursing practice. 2) Analyzes perceptions and values of self in interactions with colleagues. 3) Seeks guidance and supervision as required in performance of nursing procedures. **Psychomotor** Modifies execution of nursing procedure as required by clinical situation. Skillfully performs specified nursing procedures in clinical situation. Implements nursing system for specified patient(s).	**Affective** 1) Consistently uses theory base in decision making. 2) Resolves conflicting viewpoints between nursing colleagues. 3) Resolves conflicting viewpoints between staff and patients. **Psychomotor** Analyzes nursing techniques. Originates procedural strategies. Implements nursing systems for a group of patients.

CONTENT - LEADERSHIP IN PROMOTING AND MAINTAINING HEALTH OF PEOPLE

Theory of Planned Change

Styles of Being

Styles of Leadership

Characteristics of Effective Leadership Models

Relationship Between Health and Lifestyle

Enhancing Self-care Abilities

Evaluation and Goal Setting for Development of Effective Personal Style

INSTRUCTIONAL OBJECTIVES

PROGRAM OBJECTIVE	LEVEL I	LEVEL II	LEVEL III	LEVEL IV
4) Demonstrates and supports effective leadership in promoting and maintaining the health of people.	Cognitive 1) Describes characteristics of leadership styles. 2) Reviews criteria for healthful living. 3) Differentiates between behaviors which contribute to healthful living and those which do not. Affective 1) Reads selected material with reference to leadership styles. Psychomotor 1) Imitates various leadership styles in interactions with others.	Cognitive 1) In a group situation identifies characteristics of effective being. 2) Analyzes own leadership style in interactions with patients and colleagues. 3) Acquires information regarding change theory. Affective 1) Supports patients' efforts to pursue a healthy lifestyle. 2) Demonstrates healthy living in own lifestyle. 3) Is sensitive to the reaction of individuals to change. Psychomotor 1) Demonstrates leadership in interchange with patient, promoting change to healthy living as required.	Cognitive 1) Applies knowledge derived from theory of leadership to modify own leadership style. 2) Applies principles derived from change theory in helping individuals to modify lifestyle. Affective 1) Synthesizes plans of care which support patients' efforts to promote and maintain own health. Psychomotor 1) Adapts sequence of nursing care activities to promote patients' self-care abilities. 2) Adjusts environment to promote patients' self-care abilities.	Cognitive 1) Critically evaluate own role in promoting and maintaining the health of the people. 2) Applies principles derived from change theory in helping colleagues to promote and maintain the health of people. Affective 1) Consistently promotes patient's self-care abilities. 2) Consistently supports colleagues in promoting patient's self-care abilities. Psychomotor 1) Analyzes various approaches to promoting patients' self-care abilities. 2) Originates strategies for promoting patients' self-care abilities. 3) Originates strategies for promoting colleagues' ability to enhance patient self-care abilities.

CONTENT - RESPONSIBILITY AND ACCOUNTABILITY

Concept of Accountability

Concept of Responsibility

Relationship of Accountability and Responsibility to Professional Practice

Criteria for Evaluating Nursing Practice

INSTRUCTIONAL OBJECTIVES

PROGRAM OBJECTIVE	LEVEL I	LEVEL II	LEVEL III	LEVEL IV
Demonstrates individual responsibility and accountability for own nursing practice.	**Cognitive** Assess own knowledge and skill level against compenticies established by professional association. **Affective** Reads publications of professional association and other literature regarding responsibility and accountability. **Psychomotor** Acquires skill in performing specified basic nursing procedures	**Cognitive** Describe rights and responsibilities of patient in the health-care system. Investigates concepts of responsibilities and accountability from point of view of professional practice. Formulates definitive nursing diagnosis as part of nursing process. Determines knowledge and skill required in specific situation. **Affective** Demonstrates accountability and responsibility in role as a student nurse. **Psychomotor** Acquires knowledge and skill required by specific nursing situation.	**Cognitive** Analyzes own nursing practice from point of view of responsibility and accountability. Validates proposed plan of care with client(s). Formulates criteria for assuring accountability and responsibility in own nursing practice. **Affective** Discusses value system with regard to nursing practice with colleagues. **Psychomotor** Modifies nursing system in consultation with client(s).	**Cognitive** Critically evaluates nursing practice for a group of patients from the point of view of responsibility and accountability using criteria established by the profession. **Affective** Designs strategies for maintaining individual responsibility and accountability for nursing practice. **Psychomotor** Creates nursing strategies which are consistent with professional practice.

CONTENT - ORGANIZATIONAL SKILLS

Principles of Management

Relationship between Planning and Organization

Time Management

Evaluation of Organizational Skill

INSTRUCTIONAL OBJECTIVES

PROGRAM OBJECTIVE	LEVEL I	LEVEL II	LEVEL III	LEVEL IV
6) Utilizes organizational skills in managing total nursing care.	Cognitive Assesses own level of organizational skill in managing daily activities. Affective Is sensitive to perceptions of others regarding own organizational skills. Psychomotor Performs assessment of organizational skills in an orderly fashion.	Cognitive Applies principles of management in developing a plan to improve organization skills. Affective Demonstrates an effort to be organized in daily activities. Psychomotor Implements plan to improve organizational skills.	Cognitive Analyzes techniques being used to improve organizational skills. Affective Formulates criteria for evaluating organization skills. Psychomotor Improvises in implementing plan for daily activities to maintain optimum organization of activities.	Cognitive Designs protocol for on-going evaluation of own organizational skills. Affective Is consistently organized in nursing practice. Psychomotor Consistently monitors implementation of organizational skills.

CONTENT - COOPERATIVE DECISION-MAKING

Small Group Theory

Communication Within The Group

Decision-making Theory

Emphasis of Theory from above areas

INSTRUCTIONAL OBJECTIVES

PROGRAM OBJECTIVE	LEVEL I	LEVEL II	LEVEL III	LEVEL IV
7) Demonstrates ability to work cooperatively within the health team in the provision of care.	Cognitive Acquires knowledge about role of nurse within the health team. Psychomotor Demonstrates skill in basic procedures which health team expects of nursing. Affective Is willing to acquire knowledge and skills integral to performance of nursing role within the health team.	Cognitive Exchanges information with other members of health team in process of establishing requirement for nursing. Recognizes situations and patient responses that have significance for other members of the health team. Psychomotor Refers and reports pertinent information to appropriate members of health team. Affective Acknowledges values of all members of health team as an influence in behavior.	Cognitive Exchanges information with and elicits help of other members of health team in implementing plan of care. Psychomotor Refers or recommends referral of the patient to appropriate health team members in both the institution and other community agencies. Affective Compares viewpoints in attempting to arrive at a consensus re implementing plan of action.	Cognitive Applies decision-making theory within the group process. Psychomotor Formulates procedures for referral of patient within the health care team. Affective Resolves conflicts within health care team and between team and patient.

SAMPLE OF INSTRUCTIONAL PROCESS

An initial learning exercise for the student in Level II is outlined below. Several such exercises with variations in clinical data could be presented to the student prior to the student attempting to carry out an actual patient assessment. A summative form of evalution could be conducted to determine the student's capability of proceeding to working with patients. A final evaluation to determine the student's capability of proceeding to Level III could consist of requiring students to demonstrate satisfactory performance in the following situation.

Utilizing a carefully designed simulated patient situation, or an actual nurse-patient encounter -

1) Determine the requirements for nursing.
2) Develop a plan for nursing care.
3) Identify the knowledge and skill required to implement the plan of care.
4) Develop a plan to acquire the knowledge and skill required to implement the plan of care.
5) Implement the plan developed to acquire the knowledge and skill.
6) Demonstrate mastery of the knowledge required to implement the plan of care.
7) Demonstrate mastery of the skills required to implement the plan of care.

SAMPLE OF INSTRUCTIONAL PROCESS - DESCRIPTION OF A LEARNING EXPERIENCE

STUDENT ACTIVITY	INSTRUCTIONAL MODES AND MEDIA	OBJECTIVES WHICH ARE BEING ADDRESSED IN LEARNING EXPERIENCE
1. Identify the phases in the nursing process. 2. Identify knowledge nurse would require to conduct assessment. 3. Identify skills nurse would require to conduct assessment. 4. Identify knowledge nurse would require to interpret assessment. 5. Evaluate your knowledge and skill against items 2, 3, and 4 above. 6. Develop a plan for overcoming deficiencies. 7. Implement that plan. 8. Evaluate the plan and the implementation of it.	Students will be given a written case study which specifies the assessment data and the requirement for nursing and indicates the process the nurse followed to determine that requirement. This will be accompanied by selected readings on the nursing process the conceptual framework being used to guide the nursing process, and making a nursing diagnosis. A study guide will be provided to help students organize data for learning experiences 1, 2, 3, and 4. Students will prepare a written report for experiences 5 and 6. This will form the basis of a discussion with the instructor helping the student in the processes of self-evaluation and identification of learning requirements.	Describes concepts basic to conceptual framework for nursing. Defines phases of the nursing process. Determines knowledge and skills necessary to assess patient's requirement for nursing. Applies knowledge from physical and behavioral science to interpret data to determine requirement for nursing. Identifies concepts from physical and behavioral sciences and nursing theory which will form theoretical basis for nursing interventions. Researches concepts in a systematic way identifying data applicable to nursing intervention. Demonstrates preference for use of conceptual framework to guide data gathering and for decision-making in nursing. Demonstrates acquisition of nursing skills required by clinical situation. Demonstrates skill in performing physical assessments.

CHAPTER IV: RESOURCE MATERIALS

Instructor and Student Resource Materials for Nursing Refresher Program.

A. Resources Currently Being Utilized

A request was sent to all agencies currently operating refresher courses for resource material being used. The replies from these institutions are being forwarded under separate cover to the Ministry of Education and presumably will be available through the Ministry.

The resource materials listed relate to the objectives of the individual programs. These objectives tend to be more content oriented than the objectives being proposed, and it is therefore difficult to relate resource materials identified to specific objectives proposed.

B. Resources For The Proposed Program

Resource materials for the proposed program would depend in part on the clinical experiences selected and the content requirements arising from them. They would also be dependent on the particular nursing model selected. Some materials which would be useful if the objectives are based on the same conceptual framework as this report are included in Appendix B.

Perhaps the biggest gap in resources is the lack of nurses in the service setting whose practice stems from the identified nursing framework or who are cognizant of the process which they follow to arrive at a nursing diagnosis. Workshops aimed at raising the consciousness level of nurses in the practice setting would be required if they were to be responsible for any portion of the clinical supervision of refresher program students.

CHAPTER V

Issues and Concerns Related to the Delivery of Nursing Refresher Programs

A. Variation in Knowledge and Skill Level of Presenting Candidate

Candidates for refresher course programs present with a wide variation in knowledge, experience, and skill level. This has presented some problems in determining content and length of program.

The proposed program has attempted to deal with those problems in the following ways.

1) Stating the knowledge and skill prerequisites in the form of the objectives for Level I.

2) Incorporating into the design of the program flexibility in the content and flexibility in the presentation of that content.

3) Stating the objectives in such a way that students can challenge the program at various levels thus proceeding at an individual pace.

4) No times have been designated for the various levels. It is anticipated that Levels II, III, and IV should be completed by the majority of students in the equivalent of one semester. Certainly all students should be able to complete levels II and III in that time.

B. Re-Entry Into Nursing at Present Through Courses Related to Acute Medical-Surgical Care

At present, the refresher courses available to nurses wishing to update themselves have concentrated on content

related to the acute medical-surgical clinical areas rather than to the practice of nursing per se. The solutions to the problems arising from this narrow focus have been addressed in the following aspects of the design of this program.

1) The program is process oriented allowing for more flexibility relative to clinical content.

2) The program is based on a model for nursing which has been developed to give direction to nursing practice, education, and research.

C. Articulation With Continuing Education Programs

Refresher programs to date have been developed independently of other continuing education offerings. It is hoped that this course has been designed in such a way as to articulate with other programs. It could also serve as a continuing education program for agencies wishing to encourage their staff to take direction from a nursing model in their own practice.

D. Part-Time vs Full-Time Programs

Many refresher program candidates are not in a position to participate in full-time study. Others wish to complete a program as quickly as possible. The design of this program is such that it should be possible to implement it as either a full-time or as a part-time course of study. Completion of the requirements for Level I will give the student an opportunity to face the reality of student life prior to committing themselves to a more formal program of study.

E. Development and Funding of the Program

In presenting the proposed program to the Refresher Program Articulation Committee, several suggestions were made regarding development and funding.

1) That modules be developed to help students to achieve the objectives outlined in Level I. Some modules may already be available in materials that have been developed by various colleges and institutions. Other sources which may be utilized include courses currently being offered in the colleges and institutes, published programmed learning offerings, and audio-visual aids.

2) That students assume the cost of meeting the objectives associated with Level I.

3) That funding be made available to colleges and institutes conducting the program for the equivalent of a course one semester in length to complete levels II, III, and IV.

4) That colleges and institutes cooperate in developing modules and evaluation materials which would assist the students in achievement of the objectives.

F. Why Nurses Take Refresher Courses and the Course or Courses Required

The representatives attending the workshop at which the proposed program was presented for review discussed why people take a refresher course. The consensus of the group, supported by the study done by McLean[6] was that active and inactive nurses take the refresher course because of their

concern with occupational obsolescence, and as an aid in obtaining registration in British Columbia so that they will become employable.

The representatives felt that the proposed course was suitable for candidates who were taking the course for purposes of registration in British Columbia, for re-entry into practice, or as a means of overcoming concern with professional obsolescence. The attainment of this three-fold purpose being made possible by the flexibility inherent in the design and the emphasis on process with content being determined in part by the clinical situation and in part by the student's own interests.

G. Pedagogical versus an Androgogical Model

Many of the current refresher courses while espousing individualizing instruction, are so structured in terms of content to be mastered, there is little time or opportunity for students to exercise their problem-solving skills in a creative manner. This in part stems from the Pedagogical approach basic to program development which is concerned with the students absorbing new knowledge and storing it in some form for future reference. In contrast, this program has been developed from an Androgogical approach with emphasis on development of the adult learners problem-solving skills and the incorporation of their knowledge and experience into that skill development.

SUMMARY OF THE REPORT

Instructional objectives for a refresher course in nursing have been presented in this report. The philosophy and conceptual framework which formed the basis for the objectives have been stated. The rationales for program development are included. Some resources to assist in implementation of the program are suggested. Some concerns of the Registered Nurse Refresher Program Articulation Committee are cited with proposed solutions to problems associated with these concerns.

END NOTES

1 National League for Nursing, Faculty-Curriculum Development, Part III, Conceptual Framework - Its Meaning and Function, New York: National League for Nursing, 1975, P. 42.

2 Some references with regard to nursing process include: Louise Bower, The Process of Planning Nursing Care, 2nd Ed., St. Louis: Mosby, 1977; D. L. Little and D. L. Carnevole, Nursing Care Planning, 2nd Ed., New York, Lippincott, 1976; M. J. Aspinall and C. A. Tanner, Decision-Making For Patient Care: Applying the Nursing Process. New York: Appleton-Century-Crofts, 1981. Anne Marriner, The Nursing Process: A Scientific Appraisal to Nursing Care. St. Louis: Mosby, 1979.

3 Nursing research activities are reported regularly in journals such as Nursing Research, Advances in Nursing Science, Western Journal of Nursing Research. Summaries of theories of nursing which are emerging are included in Joan P. Riehland Callista Roy, Conceptual Models for Nursing Practice, 2nd. Edition (New York: Appleton-Century-Crofts, 1980) and Barbara J. Stevens, Nursing Theory: Analysis, Application, and Evaluation.

4 This theory is described in Dorothea Orem, Nursing: Concepts of Practice, 2nd Edition, Toronto: McGraw Hill, 1980.

5 Lorraine Smith, "Models of Nursing As the Basis For Curriculum Development: Some Rationales and Implications" Journal of Advanced Nursing. 1982, 7, 117-127.

END NOTES (Continued)

6 Sally Ann MacLean, A Descriptive Study of Nursing Refresher Course Candidates. Unpublished Master's Thesis, University of British Columbia, Vancouver, British Columbia, 1981.

7 Jean E. Schweer, ed. Defining Behavior Objectives for Continuing Education Offerings: A Four Level Taxonomy. Thorofare, New Jersey: Charles B. Slack and Associates, 1981.

8 Derived from readings related to theories of teaching and Cognitive Psychology such as Asabe D. Woodruff D, Basic Concepts of Teaching, San Francisco: Chandler Publishing Co., 1961 and Herbert L. Pick and Elliott Saltzman, ed. Modes of Perceiving and Processing Information, Hillsdale, New Jersey: Lawrence Erlbaum Associates, 1978.

APPENDIX A

STATEMENT OF PHILOSOPHY

BELIEFS ABOUT NURSING

Nursing's uniqueness is derived from man's need for self-care, and for the provision and management of it on a continuous basis in order to sustain life and health, recover from disease or injury, and cope with their effects. Nursing's function is to assist individuals and their families to meet demands for self-care when disease or other changes in normal functioning interfere with their abilities to do so. Self-care contributes to an adult's health, and the adult can contribute to the health of dependent others. Society expects its adult members to assume responsibility for taking deliberate action for themselves and their dependents for promoting, maintaining, or regaining health.

When adult individuals or their dependents experience problems which make self-care impossible, or incomplete, or ineffective, they are believed to be in a state of social dependency, and to require assistance to gain or regain responsibility and independence within their existing abilities. At such time, the assisting actions of nursing make a difference to the way people meet the demand for self-care and achieve health. Individuals and their dependents are influenced in their self-care by their position in family and community, and nursing assists people to develop self-care practices that are congruent with the values and needs of family and community.

APPENDIX A
STATEMENT OF PHILOSOPHY

BELIEFS ABOUT PREPARATION FOR NURSING

Nursing as a practice discipline has a body of nursing knowledge which, when applied, will achieve practical results. Nursing knowledge derives from the physical, biological and social sciences, as well as from research in the nursing field. Preparation involves opportunities to apply nursing knowledge in professional practice through the use of a systematic process that incorporates both scientific and humanistic concepts. Continuing education is essential to ensure cognitive growth and nursing competence.

The concept of self-care is one that will guide and ensure an appropriate focus for professional nursing practice now and in the future; additionally, it will foster the achievement of self-understanding and personal fulfillment by the learner, and provide motivation for continued learning. Learning is facilitated by personal contact with objects and/or events. Therefore, learning experiences should bring the student into contact with individuals and families in a variety of health-care settings - home, hospital, and community - in order to develop in the learner those intellectual and technical skills necessary for independent and interdependent practice, as well as the dependent aspect of nursing practice.

APPENDIX A
STATEMENT OF PHILOSOPHY

BELIEFS ABOUT LEARNING AND LEARNERS

Learners are active participants in the learning process, they present individual values, attitudes, and personal goals which influence their behavior in each experience. Understanding of beliefs and expectations of self, other students and faculty underlie mutual goal-setting and achievement.

Learning occurs as an orderly process involving, in a circular fashion, perception, conceptualization, memorization, try-out, and practice. Analytical and creative thinking depend on prior concept formation.[8] These processes can be enhanced or hindered by the teaching procedures utilized. Learning is facilitated when content is presented in a meaningful context, in an atmosphere of sharing and supporting, with an opportunity to apply new knowledge as soon as possible after acquisition, and with regular feedback concerning progress. Exposure to recurring situations with opportunity to respond without variation results in an automatic response which will occur without the individual attending to the response.

The process of learning new skills requires that students understand the components of the skill, try performing the act themselves, and practice while receiving suggestions for improving performance. Successful performance of a skill is related to neuromuscular coordination and physical sensations. Application of skills in practical situations depends on the requirement of the situation and the level of performance accepted.

Socialization into the role of independent learner can be reinforced and enhanced by the nature of the learning experience during the process of education for the practice of a profession.

MODEL FOR NURSING PRACTICE
BASED ON DOROTHEA DREM'S GENERAL THEORY OF NURSING

Major Units of the Model

Goal:	Reduction or elimination of self-care deficit.
Target:	Self-care system of man requiring nursing care.
Nurse's Place:	Inside nursing system.
Nurse's Role:	Assisting with self-care.
Source of Difficulty:	A change in therapeutic self-care demand that causes a deficit or has the potential to cause a deficit between self-care demand and self-care agency.
Intervention Focus:	Self-care or dependent care agency. Variables manipulated by the nurse: 1. a) Self-care requisites. b) Self-care actions to be taken. 2. a) Cognitive abilities. b) Psychomotor abilities. c) Conditioning factors.
Intervention Mode:	Methods of assisting: 1. doing for/with 2. guiding 3. supporting - physical, psychological 4. providing an environment that supports development 5. teaching
Consequences:	Self-care agency is equal to or greater than therapeutic self-care demand.

GLOSSARY

HEALTH (wellness, well-being)
The highest possible level of dynamic integrative functioning that is perceived by the individual at any point in time.

HEALTH CARE SYSTEM
An organization of health-care services which has as its goal the health of people. It includes social, cultural, economic, and political components, and can be conceptualized from the perspective of an individual, or that of a nation.

NURSING AGENCY
Specialized abilities of the nurse acquired through specialized study and experiences in real-world nursing situations.

NURSING SYSTEM
A conceptual representation of the relationship between nursing agency and the self-care system.

Three types of nursing systems:
1) Supportive - educative
2) Partly compensatory
3) Wholly compensatory

SELF-CARE
Care that is performed by oneself, for oneself, when one has reached a state of maturity that enables him/her to take consistent, controlled, effective, and purposeful action to sustain life and health, recover from disease or injury, or cope with their effects.

SELF-CARE AGENT
The provider of self-care.

GLOSSARY (Continued)

DEPENDENT-CARE AGENT	The provider of infant care, child care, or dependent adult care.
SELF-CARE AGENCY	The power of the person to engage in self-care. (Person = self-care agent or dependent-care agent)
SELF-CARE SYSTEM	A conceptual representation of the relationship between self-care capabilities (self-care agency) plus the actions taken.
THERAPEUTIC SELF-CARE DEMAND	A complex of objectively established requirements for action that would assist a person with the maintenance of present states of health or with movement toward desirable states.
SELF-CARE REQUISITES	Elements of therapeutic self-care demand: 1) Universal self-care requisites -essential requirements for life 2) Developmental self-care requisites -specialized requirements associated with growth, development, and maturation. 3) Health deviation self-care requisites -requirements arising from the presence of disease, injury or disfigurement, disability, and from treatment measures.
THERAPEUTIC SELF-CARE	Supportive of life processes, remedial or curative when related to malfunction due to disease processes, or contributing to personal development and maturing.

GLOSSARY (Continued)

NURSING	A service or mode of helping human beings, in which actions are deliberately selected and performed by qualified practitioners to assist individuals under their care to maintain or change conditions in themselves or their environment which affect their health.
CLIENT	The person being assisted.
NURSING PROCESS	A systematic problem-solving process used by nurses to identify the need for, and the nature of nursing assistance. 1) Intellectural phase; Assessing the need for nursing and planning systems of nursing assistance. 2) Practical phase: Implementing and evaluating systems of nursing assistance.
SELF-CARE DEFICIT	An expression of the relationship between therapeutic self-care demand and self-care agency. A deficit exists when therapeutic self-care demand is greater than self-care agency.

MAJOR CONCEPTS AND THEORETICAL FORMULATIONS

MAJOR CONCEPTS	MAN	SOCIETY	HEALTH	NURSING
Subconcepts	Bio - psycho - socio cultural Man - environment system Self-care agency Self-care system	Social organization Social dependency Change Family	Self-care agency Health Illness Therapeutic self-care demand	Systematic practice (nursing process) Nursing agency Nursing system Nursing diagnosis
Theoretical Formulations	Systems theory Communication theory Development Need Learning Behavior Interpersonal Cultural	Change Communication Family Role Organization Socialization	Self-care theory Stress Adaptation Crisis Change Systems Pathophysiology Medical theory Communication Small group Decision-making	Nursing Communication Decision Role Change Learning Systems Leadership Interpersonal Family

Vertical Threads

Nursing Process

Organization

Communication

Leadership

Horizontal Threads

Self-care

Responsibility - Accountability

Cooperative Decision-making

LEVELLING USING VERTICAL THREADS

LEVEL	VERTICAL THREADS
	Nursing Process
1	Concepts underlying ability to use nursing process
2	Diagnosis and prescription
3	Designing, planning, and producing care for limited number of clients
4	Designing, planning, and producing care for group of clients
	Organization
1	Assessment of current capability
2	Implementing theoretical concepts basic to organizational skill
3	Developing criteria for on-going assessment of organizational skill
4	Valuing organizational skill
	Communication
1	Researches communication theory
2	Selects communication model
3	Applies and critiques communication model
4	Tests alternative strategies in communication model

LEVEL	VERTICAL THREADS
	Leadership in Health Promotion
1	Identifies leadership styles
2	Demonstrates effective leadership as a change agent
3	Enhances self-care abilities of patients
4	Originates strategies for promoting capabilities of colleagues to enhance self-care abilities of patients.

APPENDIX B

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